Name Availability Inquiry Letter

Corporations, Limited Partnerships, Limited Liability Companies

To inquire as to the availability of a corporation, limited partnership or limited liability company name, complete the order form below, listing up to three names to be checked. Submit your request by mail, along with a self-addressed envelope, to:

Secretary of State Name Availability Unit 1500 11th Street, 3rd Floor Sacramento, CA 95814

Email and/or online inquiries regarding name availability cannot be accepted at this time.

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REQUESTOR'S INFORMATION				
YOUR NAME:				
FIRM NAME, IF ANY:				
ADDRESS:				
CITY/STATE/ZIP:				
TELEPHONE #:	FAX #:			
SELECT ENTITY TYPE (choose only one)				
Corporation		Limited Part	nership	Limited Liability Company
NAME(S) TO BE CHECKED				
1st Choice				
FOR OFFICE USE ONLY	() is available. () is not available. We have:			
2nd Choice				
FOR OFFICE USE ONLY	() is available.() is not available. We have:			
3rd Choice				
FOR OFFICE USE ONLY	() is available. () is not available. We have:			
Note: Checking the availability of a corporation, limited partnership or limited liability company name does not reserve the name and has no binding effect on the Secretary of State, nor does it confer any rights to a name. A name reservation request can be made over-the-counter at any Secretary of State office location or can be addressed in writing to the Sacramento office. Fees and instructions for reserving a name are included on the Name Reservation Request Form.				
THE SPACE BELOW IS RESERVED FOR OFFICE USE ONLY				
Date:		I#		Ву:
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